KENTUCKY BOARD OF CERTIFICATION OF ALCOHOL & DRUG COUNSELORS

PO BOX 1360 FRANKFORT KY 40602 502.564.3296, Ext 222

http://adc.ky.gov

RENEWAL APPLICATION FOR CERTIFICATION AS AN ALCOHOL AND DRUG COUNSELOR

Your Certification as an Alcohol & Drug Counselor expires. In accordance with KRS 309.085 and regulations (201 KAR 35:020) governing this profession, you are required to renew your certification every three (3) years with the transmittal of this form and a renewal fee of \$200.00 (check or money order), made payable to the **Kentucky State Treasurer**. In accordance with 201 KAR 35:020 Sec (5) The late renewal fee, including penalty, for the ninety (90) day grace period, shall be \$250.00, for certification for a three (3) year period. The Board shall cancel any certificate not renewed within ninety (90) days after the renewal date and you must **Cease and Desist** the use of the title Certified Alcohol and Drug Counselor in Kentucky. No exceptions shall be made.

PLEASE COMPLETE ALL OF THE FOLLOWING: Name Present place of employment **Address Address Address** Address City City State Zip State Zip Home telephone number **Business telephone #** Home e-mail address Business e-mail address Social Security number License number 1. Have you been convicted of a felony since your last application or renewal? "Conviction" including all instances in which a plea of no contest is the basis of the conviction. If yes, list offense and provide details on a separate sheet of paper. 2. Have you been subject to disciplinary action by a mental health credentialing board? () Yes () No If yes, give details on a separate sheet of paper. List any state in which you have become licensed or certified since your last renewal, the type of license or certification, and the number of the certification or license: Are you currently serving in the military? () Yes () No 5. Did you apply through Reciprocity? () Yes () No **AFFIDAVIT** I do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my certification could be subject to disciplinary action by the Board of Certification of Alcohol and Drug Counselors. hours of continuing education in the past three years as defined in 201 KAR 35:040. I realize that, at the Board's request, I may be asked to submit information that supports this statement.

(Sign your name – Do not print or type)

Certificate Holder's Signature:

Date: / /